



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number Kop-Coat, Inc. / 60061-128	2. EPA Product Manager Eric Miederhoff	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) ValvTect Marine Premium Diesel Additive with Bioquard	PM# 33	
5. Name and Address of Applicant (Include ZIP Code) Kop-Coat, Inc. 3020 William Pitt Way Pittsburgh, PA 15238 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Kop-Coat is submitting an updated Basic CSF and Alternate #1 CSF for the above mentioned product. (See attached cover letter).

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt.	No. per container
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container Gallon, Quart		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product		<input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Angie Custer		Title Reg. Affairs Specialist	
		Telephone No. (Include Area Code) 412-826-3323	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Research & Development Manager	
4. Typed Name Ronald W. Clawson, Jr., Ph.D.		5. Date 8/27/2014	